## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/10582375 APPLICANT(S)

FILING DATE
b. 9. 6

(FOR USE WITH FORM PTO-875)

CLAIMS

|          |          |                |        |          |                          |             |               |              |   |               | _  |               |  |
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| ŀ         | 56              |          |               | -                  |                |              |                   |          |             |     |        |          |             | _ |
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| ŀ         | 63<br>64        | -        |               | _                  |                | _            |                   |          |             |     |        |          |             | _ |
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| TO        | TAL             |          |               | 107                | <del>,  </del> | <del>-</del> |                   |          | 97          |     |        |          |             |   |
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| TOT<br>DE | AL<br>P.        |          |               | <b>(</b>           |                |              |                   | 4        | ,           |     | بــــا | <u>.</u> |             |   |
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| CLAI      |                 |          |               |                    |                |              |                   |          |             |     |        |          |             |   |
|           |                 |          | U,            | 8. DI              | PART           | MEN          | Torco             | MM       | ERCE        |     |        |          | 7           |   |